

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Superior Care Group L.L.C.	CHAPTER 100.1
Address: 2115 A Gertz Lane, Honolulu, Hawaii 96819	Inspection Date: August 28, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

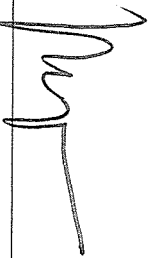
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. <u>FINDINGS</u> No metal stem thermometer to check cold and hot food temperatures.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have corrected the deficiency by purchasing another metal stem thermometer to check cold and hot food temperatures.</i></p>	<p style="text-align: right;"><i>08/29/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) A metal stem thermometer shall be available for checking cold and hot food temperatures. FINDINGS No metal stem thermometer to check cold and hot food temperatures.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>My future plan to prevent a similar deficiency from recurring will be:</p> <ul style="list-style-type: none"> - To ensure that SCG will be trained and informed of the designated place for the metal stem thermometer and returning it after usage • The steps that I will follow to prevent a recurrence of the deficiency will be to train and inform SCG the designated place to store the metal stem thermometer and where to return it after usage. - create a usage log and establish certain policies and guidelines in regards to the metal stem thermometer 	10-16-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> For three (3) beds - No pliable plastic pillow protectors.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p><u>PART 1</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have corrected that the deficiency by purchasing several sets of pliable plastic pillow protectors suitable for the resident's beds</i></p>	<p><i>09/12/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> For three (3) beds - No pliable plastic pillow protectors.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>My future plan to prevent a similar deficiency from recurring will be: To ensure that SCG have been trained and informed that each resident's pillows have a pliable plastic pillow protector. The steps that I will follow to prevent a recurrence of the deficiency will be to determine and establish the requirements that are included under bed furnishings, and to inform and train SCG that each resident's bed shall have a pliable pillow protector for their pillows. I will create a checklist and a separate log for each resident's bed to ensure that pillows have a pliable pillow protector. To throw away used pliable pillow protectors after discharge and to replace it with new pliable pillow protectors.</p>	<p>10-16-20</p>

Licensee's/Administrator's Signature:



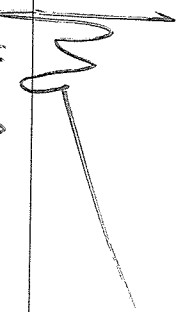
Print Name:

Shanelle C. Baxa

Date:

09/14/20

Licensee's/Administrator's Signature:



Print Name:

Shanelle Baxa

Date:

10-16-2020

RECEIVED

OCT 19 2020